



**KENT RECREATION &  
PARKS PRESENTS...**

# 2016 FALL BOWLING

Come join us for our fall season of youth bowling  
at the newly renovated Spins Bowl of Carmel!  
Registration includes 2 games per night for 8  
weeks and a pizza party on the final day of play!



Sign up by mail or at the Kent Recreation office in  
the Kent Town Hall at 25 Sybil's Crossing



Last day to register is Friday, October 7th  
Matches begin on Monday, October 17th

**DETAILED FLYER & REGISTRATION FORM CAN BE FOUND ON  
THE FOLLOWING PAGES!**

**845-531-2100**

**RECREATION@TOWNOFKENTNY.GOV**

**WWW.TOWNOFKENTNY.GOV/RECREATION**

Louis M. Fernandez  
Director of Recreation and Parks



Town of Kent Recreation and Parks Department  
25 Sybil's Crossing Kent Lakes, NY 10512

Telephone: (845) 531-2100  
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Webpage: [www.townofkentny.gov](http://www.townofkentny.gov)

# Kent Recreation Bowling

## 2016 Fall Session

Registration begins August 29

Division	Age	Fee Payable to Spins Bowl Carmel	Fee Payable to Kent Recreation	
Bumper Bowl	Boys and Girls	5 – 8	\$50	\$30
This is an 8 week program that takes place on Mondays at 6pm at Spins Bowl of Carmel. Bumpers will be used in this division. Teams will consist of either 3 or 4 players (depending on the number of children that register). You may choose teammates for your child or your child will be placed on a team with other players. Fee paid to Spins Bowl of Carmel covers 2 games per night and shoe rental for the entire program. All players will receive t-shirts. The winning team members will receive trophies; all other participants will receive medals. There will be a party on the last day of bowling where pizza and soda will be provided for the players.				
Bowling dates: <b>Mondays; October 17, 24, 31, November 7, 14, 21, 28, December 5</b>				
Youth Bowl	Boys and Girls	9 – 12	\$50	\$30
This is an 8 week program that takes place on Mondays at 6pm at Spins Bowl of Carmel. <b><u>Bumpers will not be used</u></b> in this division. Teams will consist of either 3 or 4 players (depending on the number of children that register). You may choose teammates for your child or your child will be placed on a team with other players. Fee paid to Spins Bowl of Carmel covers 2 games per night and shoe rental for the entire program. All players will receive t-shirts. The winning team members will receive trophies; all other participants will receive medals. There will be a party on the last day of bowling where pizza and soda will be provided for the players.				
Bowling dates: <b>Mondays; October 17, 24, 31, November 7, 14, 21, 28, December 5</b>				

**Children must be the required age by December 1, 2016**

**Registration forms can be dropped off or mailed to the  
Kent Recreation Office**

**Registration deadline is Friday, October 7, 2016!**



# Kent Recreation and Parks Department

25 Sybil Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

## 2016 Fall Bowling Registration Form

Fill out form completely. Please print legibly!

Division:	Age:		Bowling Fee (payable to Spins Bowl Carmel)	Registration Fee (payable to Kent Recreation)
Bumper Bowl <input type="checkbox"/>	5 – 8	Child must be the required age by 12/1	\$50.00	\$30.00
Youth Bowl <input type="checkbox"/>	9 – 12		\$50.00	\$30.00

### PARTICIPANT INFORMATION

Participant's Last Name:		First:		MI:	Birth Date:	Age:	Sex:	
							Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:				Home Phone Number:		Secondary Phone Number:		
City:		State:	ZIP Code:	E-Mail		E-Mail 2		
Shirt Size:	Y	A	Shoe Size:	Y	A	Did child play last year?		Which Division?
XS	S	M	L	XL		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, please explain:								

### TEAM INFORMATION

Please list the names of the other children, in the same division, who you would like on your child's team. Teams are made up of 4 participants. If there are not 4 participants (3 besides your child) requested then teams will be made up by Kent Recreation.

1.	3.
2.	

### PARENT/GUARDIAN INFORMATION

Father's Name:		Mother's Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Are you interested in being a volunteer: ☐ Coach ☐ Assistant Coach ☐ Sponsor

### EMERGENCY CONTACT INFORMATION

In an emergency please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

### PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the bowling program sponsored by The Kent Recreation program. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

### OFFICE USE

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: <b>KENT RECREATION</b>	Check Number:	Receipt Number: